

Category	Sub-Category 1	Sub-Category 2	Year	Number	Position Statement
Administrative			1993	(1-93)	NYSCHP Mission Statement. The mission of the New York State Council of Health-system Pharmacists is to represent its members and advance pharmacy as an essential component of health care. The New York State Council of Health-system Pharmacists provides leadership and resources to promote quality pharmaceutical services directed at appropriate medication therapy and positive patient outcomes
Antimicrobial Stewardship	Clinical Pharmacy Scope		1995	(3-95)	Pharmacist's Role in Antimicrobial Management. The New York State Council of Health-system Pharmacists believes and supports that the pharmacist should take an active role in antimicrobial management to promote the appropriate use of antimicrobials and to minimize the development of resistant organisms.
Antimicrobial Stewardship			2016	(02-16)	The New York State Council of Health-system Pharmacists supports antimicrobial stewardship in all facets of healthcare such as inpatient, outpatient and long term settings by developing newer or expanding existing programs and auditing their effectiveness. The council also supports to increase the number of PGY2 programs and/or fellowship training programs in infectious disease to achieve the demands laid out by the US government by 2020.
Clinical Pharmacy Scope	Antimicrobial Stewardship		2017	(09-17)	The New York State Council of Health-system Pharmacists supports the inclusion of infectious diseases pharmacists to serve as part of the multidisciplinary decision-making process with outpatient parenteral antimicrobial therapy (OPAT) service from the initiation of long term parenteral antimicrobials upon discharge to the continuity of outpatient care. New York State Council of Health-system Pharmacists supports the role of infectious diseases pharmacist in OPAT program to improve patient safety, clinical efficacy, optimize resource utilization, and decrease health care expenditures which align with the fundamental goals of antimicrobial stewardship as recommended by the centers for disease control.

Clinical Pharmacy Scope	CDTM		2014	(6-14)	The New York State Council of Health-system Pharmacists supports that it is within the pharmacist's professional role to collaborate with other health care providers to manage patients, which may include prescribing, defined as initiation and modification of the medication regimen.
Clinical Pharmacy Scope	CDTM		2014	(7-14)	The New York State Council of Health-system Pharmacists supports the recognition of pharmacists who perform CDTM to reflect such credentialing beyond the borders of an article 28 facility. Credentialed pharmacists should be enabled to practice to the extent of their scope of practice in all settings. (
Clinical Pharmacy Scope	Education/Training		2005	(2-05)	New York State Council of Health-system Pharmacists Statement on the Comprehensive Role of the Health-system Pharmacist. The NYSCHP recognizes and supports the various multidimensional roles of the health-system pharmacist necessary to meet and exceed the demands and expectations of patients and healthcare providers in all types of health-system pharmacy practice settings in the 21st century. Further, the NYSCHP advocates that pharmacists with a wide range of education, skill sets, and competencies be required to work collaboratively to provide the full range of services necessary to the provision of direct and indirect patient care services.
Clinical Pharmacy Scope	Government Oversight	Public Health	2014	(3-14)	The New York State Council of Health-system Pharmacists supports expansion of pharmacists scope of practice under New York State Education Law Title VIII Article 137 §6801; definition of practice of pharmacy to include ordering and interpreting clinical laboratory tests to monitor patient therapy.
Clinical Pharmacy Scope	Government Oversight		2013	(2-13)	The New York State of Health-system Pharmacists supports the recognition of pharmacists as healthcare providers under the Social Security Act, and, therefore, may receive Medicare reimbursement for services rendered.
Clinical Pharmacy Scope	Government Oversight		2013	(7-13)	The New York State Council of Health-system Pharmacists supports changes to New York state law to allow pharmacist to serve as laboratory directors for limited service laboratories performing only CLIA "waived" testing.

Clinical Pharmacy Scope	Government Oversight		2015	(12-15)	The New York State Council of Health-System Pharmacists petitions that The American Society of Health-System Pharmacists (ASHP) publish a guidance document for governing bodies in the healthcare setting (e.g., TJC, CMS) to recognize pharmacists as their own separate entity and not as a heterogeneous group, such as mid-level providers, allied health providers, or similar designations.
Clinical Pharmacy Scope	Immunization		2010	(5-10)	The New York State Council of Health-system Pharmacists (NYSCHP) supports the authorization of pharmacy interns who have completed immunizer training and other requirements to participate in immunization activities as per NYS legislation under the direct supervision of a licensed pharmacist and certified immunizer.
Clinical Pharmacy Scope	Informatics	Public Health	2015	(6-15)	The New York State Council of Health-System pharmacists advocate that pharmacy leaders throughout the state advocate for adoption of regional health information organizations (RHIOS) within their institutions and for pharmacists to have access and become involved in how the RHIO is utilized.
Clinical Pharmacy Scope	Informatics		2017	(14-17)	NYSCHP advocates for key decision making roles for pharmacists in the planning, selection, design, and implementation, and maintenance of medication-use information systems, electronic health records, computerized provider order entry systems, automated dispensing technologies and e-prescribing systems to facilitate clinical decision support, data analysis, and education of users for the purpose of ensuring the safe and effective use of medications; further, NYSCHP advocates that pharmacists must have accountability for strategic planning and direct operational aspects of the medication-use process, including the successful deployment of medication-use information systems; further, NYSCHP supports that pharmacists engaged in the design, implementation and maintenance of these systems have academic and/or experiential credentials (for example IT Certificate program, informatics residency, and EMR training certification) to help ensure process efficiencies while minimizing patient safety risk in the medication use process.

Clinical Pharmacy Scope	Medication Safety	Geriatrics	2015	(3-15)	The New York State Council of Health-System Pharmacists supports the implementation of geriatric medication therapy management and individualized patient counseling to optimize outcomes by pharmacists, in ambulatory settings.
Clinical Pharmacy Scope	Medication Safety	Pharmacy Finance	2005	(5-05)	New York State Council of Health-system Pharmacists Statement on the Role of the Healthsystem Pharmacist in Drug Product Selection. The New York State Council of Health-system Pharmacists (NYSCHP) advocates that decisions on the management of a medication formulary system, including but not limited to therapeutic interchange and generic substitution; (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, and pharmacoeconomic factors that result in optimal patient care, and (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate health care professionals. Further, the NYSCHP advocates that decisions on the management of a medication formulary system should not be based solely on economic factors."
Clinical Pharmacy Scope	Medication Safety		2013	(3-13)	The New York State of Health-system Pharmacists supports that health-system pharmacists in consultation with P & T Committee assist providers in implementing and monitoring registration, patient counseling and provision of medication guides required to comply with REMS when the product is initiated in the hospital setting.
Clinical Pharmacy Scope	Medication Safety		2015	(15-15)	The New York State Council of Health-System Pharmacists supports the pharmacists active participation in the design, implementation and monitoring of the medication reconciliation process.
Clinical Pharmacy Scope	Pharmacy Finance		1995	(4-95)	Pharmacist Reimbursement for Cognitive Services. The New York State Council of Health-system Pharmacists believes and supports pharmacists being compensated for cognitive services (e.g., medication review, drug monitoring). Cognitive services provided by pharmacists have been shown to improve patient outcomes.

Clinical Pharmacy Scope	Pharmacy Finance		2015	(7-15)	The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists as core healthcare providers in accountable care organizations in New York State. Moreover, that the council advocates that pharmacist-provided care is appropriately recognized in reimbursement models and that effectiveness research for pharmacist services is conducted.
Clinical Pharmacy Scope	Public Health	Geriatrics	2015	(01-15)	The New York State Council Of Health-system Pharmacists Supports The Implementation Of Geriatric Medication Therapy Management And Individualized Patient Counseling To Optimize Outcomes By Pharmacists, In Ambulatory Settings.
Clinical Pharmacy Scope	Public Health		2015	(13-15)	The New York State Council of Health-System Pharmacists supports the utilization of pharmacists to the fullest extent of the scope of practice in public emergencies in accord with any executive order created during the public emergency. The scope of practice includes but is limited to prescribing, dispensing, and administration of certain medications.
Clinical Pharmacy Scope			1995	(6-95)	Recognition of Pharmacy Specialties and Certification. The New York State Council of Health-system Pharmacists does not support Pharmacy General Practice Certification.
Clinical Pharmacy Scope			1995	(7-95)	Drug Regimen Review. The New York State Council of Health-system Pharmacists supports the role of the pharmacist regarding the drug regimen review and OBRA '87 regulation by development of a position statement, grass roots letter writing campaign and legislative action.

Clinical Pharmacy Scope			2005	(3-05)	New York State Council of Health-system Pharmacists Statement on the Role of the Healthsystem Pharmacist in Pain Management. The New York State Council of Health-system Pharmacists (NYSCHP) strongly believes that pharmacists should assume accountability for professional competency in pain management concepts and therapy options. Further the (NYSCHP) recommends that hospital and health-system pharmacists, in collaboration with other health care providers, perform pain assessments and implement rational and individualized approaches to pain management for their patients. Further, pharmacists are strongly encouraged to be proactive in disseminating pain management information to patients and other health professionals.
Clinical Pharmacy Scope			2007	(9-07)	The New York State Council of Health-system Pharmacists supports that health-system pharmacy leaders establish policies and procedures for health-system pharmacists responding to advanced cardiac life support and pediatric code life support situations.
Clinical Pharmacy Scope			2008	(3-08)	The New York State Council of Health-system Pharmacists supports wider involvement of hospital pharmacists in medication reconciliation activities and patient counseling on all discharge prescriptions.
Clinical Pharmacy Scope			2009	(8-09)	The New York State Council of Health-system Pharmacists recognizes and strongly supports health-system pharmacists as an integral part of the multidisciplinary team charged with the task of medication reconciliation activities and patient counseling on all discharge medications.
Clinical Pharmacy Scope			2010	(4-10)	The New York State Council of Health-system Pharmacists supports health-system pharmacists use of the medical record as a means to communicate with other health care professionals and to document specific pharmacotherapeutic recommendations to optimize patient outcomes.

Clinical Pharmacy Scope			2011	(2-11)	Position statement on the role of the Pharmacist in the “Medical Home” concept The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists as a care provider within the health care (medical) home model.1 Pharmacists can affect the delivery of primary care by addressing the challenges of medication therapy management. Most office visits involve medications for chronic conditions and require assessment of medication effectiveness, and patients’ adherence with medication regimens. Pharmacists are often underused in conducting these activities. They perform comprehensive therapy reviews of prescribed and self-care medications, resolve medication-related problems, optimize complex regimens, design adherence programs, and
Clinical Pharmacy Scope			2013	(4-13)	The New York State Council of Health-system Pharmacists supports the credentialing process of eligible pharmacists in a health-system setting.

Clinical Pharmacy Scope			2013	(10-13)	Pharmacists supports the adoption of ASHP's Pharmacy Practice Model Initiative (PPMI) which advocates to significantly advance the health and well-being of patients in hospitals and health systems by developing and disseminating optimal pharmacy practice models that are based on the effective use of pharmacists as direct patient care providers. The PPMI will: 1. Describe optimal pharmacy practice models that ensure the provision of safe, effective, efficient, and accountable medication-related care for patients in hospitals and health systems, taking into account the education and training of pharmacists, the prospect of enhancing the capacity of pharmacy technicians, and the current and future state of technology. 2. Identify core patient-care-related services that should be consistently provided by departments of pharmacy in hospitals and health systems. 3. Foster understanding of and support for optimal pharmacy practice models in hospitals and health systems by patients and caregivers, health care professionals, health care executives, and payers. 4. Identify existing and future technologies required to support optimal pharmacy practice models in hospitals and health systems. 5. Identify specific actions that hospital and health-system pharmacists should take to implement optimal practice models. 6. Determine the tools and resources needed to
Clinical Pharmacy Scope			2014	(5-14)	The New York State Council of Health-system Pharmacists supports the inclusion of a pharmacist representative on consensus and expert panels that establish standards of care.
Clinical Pharmacy Scope			2015	(5-15)	The New York State Council of Health-system Pharmacists supports the inclusion of pharmacists in the screening, documentation, and clarification of drug allergies in electronic medical records. Thereby, pharmacists have a larger role in shaping appropriate pharmacotherapy and documentation of the allergy label.

Clinical Resources	Investigational		2017	(04-17)	The New York State Council of Health-system Pharmacists encourages manufacturers to conduct more research on pharmacokinetics and pharmacodynamics in patients receiving continuous renal replacement therapy (CRRT) to ensure appropriate antimicrobial dosing. The Council also encourages manufacturers to include detailed information on the characteristics of individuals who are on CRRT in drug dosing studies.
Clinical Resources			2017	(06-17)	The New York State Council of Health-system Pharmacists encourages manufacturers to conduct more research on the pharmacokinetics and clinical efficacy of medications in obese population as defined by BMI.
Drug Shortages	Government Oversight		2015	(9-15)	The New York State Council of Health-System Pharmacists Encourages the FDA to expedite the process of outsourcing medically necessary drugs from outside the U.S. to temporarily alleviate the critical drug shortage. Drug shortages pose a serious threat to patients until the resolution of shortage by the U.S. manufacturers, especially when the shortage is expected to be long term.
Education/Training	Government Oversight		2007	(6-07)	The New York State Council of Health-system Pharmacists supports the modification of Part III of the NYS Pharmacy Board Exam to include competency assessment of the application of clinical and operational pharmacy practice knowledge and skills.
Education/Training	Immunization		2009	(9-09)	The New York State Council of Health-system Pharmacists supports that schools of pharmacy in New York State offer coursework training in pharmacy based adult immunization delivery to doctor of pharmacy students, and that such training shall provide evidence that an approved immunization course has been completed within the past three years for a qualified pharmacist to voluntarily apply for the immunizer certification in New York State.

Education/Training			1999	(1-99)	<p>Standardization of New York State Non-traditional PharmD programs. The New York State Council of Health-system Pharmacists recommends that for all Colleges of Pharmacy in NYS, all non-traditional Doctor of Pharmacy degree programs fully adhere to all Accreditation Council for Pharmacy Education (ACPE) accreditation standards and guidelines; these programs undergo periodic self-study and program review; graduates of non-traditional programs have at least the same capabilities and outcomes as students enrolled in traditional programs; and curricula offerings allow flexibility in program structure delivery methodologies and credit for prior learning (experience).</p>
Education/Training			2006	(3-06)	<p>NYSCHP supports educational efforts to promote pharmacy residencies in New York State. The experience gained in a residency can be compared to several years of experience in the same practice area and pharmacists continue to evolve into more clinical patient care roles. The importance of having high quality residency training available becomes more apparent and the number of residency seeking pharmacy graduates exceeds the number of available residency positions and NYS is lagging behind in the number of residencies offered throughout the state.</p>

Education/Training			2007	(1-07)	<p>The New York State Council of Health-system Pharmacists requires that health-systems in New York State establish and maintain minimum clinical and operational competencies and educational, certification, and leadership training requirements for pharmacists and pharmacy technicians pertinent to the various types of health-system practice settings within the organization and requires pharmacists and pharmacy technicians in all health-system practice settings to continually maintain leadership, clinical and operational competencies appropriate to the area of practice and expertise and requires that health-systems in New York State ensure pharmacists and pharmacy technicians demonstrate, through competency assessment and documentation, clinical, operational and leadership competencies appropriate to the area of practice and expertise and advocates the use of professionally recognized competency assessment tools to routinely assess and document, clinical, operational and leadership competency of pharmacists and pharmacy technicians in health-systems in New York State.</p>
Education/Training			2009	(1-09)	<p>The New York State Council of Health System Pharmacists develop a program to increase awareness of and promote the opportunities and benefits of being a mentor to pharmacy students and pharmacists who seek further professional development.</p>

Education/Training			2009	(12-09)	The New York State Council of Health-system Pharmacists supports re-instatement of internship requirements for Pharmacy students: to provide an incentive for prospective pharmacists to gain a more extended practical experience in actual Pharmacy work settings, with the intended outcome of insuring that new pharmacists have the experience that will allow them to become effective within a short time after completing all the requirements for licensure, the NYSCHP supports the incentive provided by the NYS BOP that allows pharmacy students to take the practical portion of the pharmacy board exam after completion of their 5th year of Pharmacy School, provided the student has obtained 1000 hours of work experience as a pharmacy intern. This incentive is provided as an alternative to the reinstatement of the internship requirement for licensure, with the understanding that the work experience is over and above the experiential component required as part of the PharmD curriculum. In addition, the incentive for pharmacy students will provide the Pharmacy work setting with a more reliable workforce of pharmacy students.
Education/Training			2012	(3-12)	The New York State Council of Health-System Pharmacists (NYSCHP) supports increasing the number of PGY-1 and PGY-2 residency positions within NY State, by ways of supporting educational efforts offered through ASHP and legislative activities at the State and Federal level to support funding.
Education/Training			2012	(5-12)	NYSCHP encourage the NYS Board of Pharmacy to replace the “one year of satisfactory experience” requirement to that of “successful completion of an ASHP accredited PGY1 program” for residents reciprocating their Pharmacist license.

Education/Training			2012	(9-12)	NYSCHP supports 3 hours of continuing education focused on teaching included in the 45 hours over the 3 year license renewal period to be completed by all pharmacists. These hours may be live or non-live. These hours would be included in the 45 hours required per renewal period. The recommended topics to be focused on enhancing precepting, role modeling, teaching or mentoring as well as sessions focused on enhancing preceptor development. NYSCHP supports this proposed change for all pharmacists as a pharmacy preceptor continuing education requirement.
Government Oversight	Education/Training		1995	(2-95)	ASHP Standards of Practice. The New York State Council of Health-system Pharmacists accepts and promotes the use of ASHP Standards of Practice as written.
Government Oversight	Medication Safety		2009	(6-09)	The New York State Council of Health-system Pharmacists supports and advocates for the creation of sterile compounding regulations, in Part 63 of the Regulations of the Commissioner of Education that reflect national standards in accordance with evidence based medicine, and are subject to regular review and modification.
Government Oversight	Medication Safety		2013	(8-13)	The New York State Council of Health-system Pharmacists supports revision to New York state law Article 33 and pertinent federal regulation to allow the use of a hospitalized patient's own controlled substances in those instances that the institution cannot provide the controlled substance in a timely manner; be it further resolved that the New York State Council of Health-system Pharmacists supports revision to New York state health law Article 33 and pertinent federal regulation to allow hospital pharmacies to accept patients
Government Oversight			2006	(1-06)	NYSCHP supports repealing the laws and regulations that pharmacists be United States citizens or permanent residents in order to be licensed in New York State.

Government Oversight			2013	(5-13)	The New York State Council of Health-system Pharmacists supports FDA and industry development of standardized medication modifier nomenclature: be it further resolved, that the New York State Council of Health-system Pharmacists supports FDA regulations mandating the use of the appropriate standardized modifier for all modified dosage formulations.
Government Oversight			2013	(6-13)	The New York State Council of Health-system Pharmacists supports FDA regulations that would prohibit the continued use of an existing proprietary name when an over-the counter product is reformulated to contain one or more different active ingredients.
Government Oversight			2014	(4-14)	The New York State Council of Health-system Pharmacists opposes the use of medical marijuana in New York State without reclassification of marijuana as a Schedule II controlled substance by the United States FDA and subsequent establishment of a system of oversight of production and prescribing, as well as dispensing under the regulations put forth by the New York State Controlled Substance Law.
Government Oversight			2015	(8-15)	The New York State Council of Health-System Pharmacists encourages The New York State Board of Pharmacy to publish an online newsletter regularly.
Government Oversight			2017	(13-17)	The New York State Council of Health-system Pharmacists supports the development of fair and consistent standards and guidelines for auditing pharmacies.
Hazardous Drugs			2017	(02-17)	The New York State Council of Health-system Pharmacists petitions ASHP and the FDA to require that manufacturers adopt a practice of appropriately decontaminating the exterior of containers and packaging materials for hazardous drugs prior to transport. Furthermore, such products should be transported and stored in a device that isolates the hazardous drug and prevents contamination should a product become, broken, damaged or destroyed.

Immunization	Clinical Pharmacy Scope		1994	(2-94)	Pharmacist's Role As Immunization Advocate. The New York State Council of Health-system Pharmacists believes and supports that the pharmacist should take an active role as primary advocate of immunization practices to promote health and to prevent diseases.
Immunization	Public Health	Clinical Pharmacy Scope	2014	(8-14)	The New York State Council of Health-system Pharmacists supports the role of the immunizing pharmacist for all CDC-approved vaccines in adult and children above the age of nine year.
Informatics	Clinical Pharmacy Scope		2000	(2-00)	Supporting Tele-pharmacy. The New York State Council of Health-system Pharmacists supports the use of electronic devices and/or communication technology and opposes the use of technologies that discourage traditional relationships between prescriber and patient; that denies appropriate opportunities for pharmacist counseling; that provides patients with outdated, counterfeit or non-FDA approved drugs. The New York State Council of Health-system Pharmacists shall appoint a Task Force to keep the New York State Council of Health-system Pharmacists informed of issues in telecommunication that impact the practice of pharmacy.
Informatics	Clinical Pharmacy Scope		2006	(5-06)	NYSCHP supports the health-system Pharmacist's Role in Automation and Informatics. The New York State Council of Health-system Pharmacists believes that pharmacists have the unique knowledge, expertise, and responsibility to assume a leadership role in automation initiatives and clinical informatics in healthsystems, further, as health-systems develop plans for the adoption of health information technology and associated automation, pharmacists must integrate their knowledge of information systems and the medicationuse process to improve patient care by insuring that new technologies lead to more effective, more efficient and safer medication use, and, health-system pharmacists must advocate for and initiate changes in processes and workflow associated with automated systems and health information technology to maximize the safety and effectiveness of these innovations within all health-system settings.

Informatics	Clinical Pharmacy Scope		2014	(1-14)	The New York State Council of Health-system Pharmacists advocates that pharmacists should have access to patient profiles that state current and historic tobacco use status. This information should be viewed by the pharmacist as an opportunity to ensure safe pharmaceutical care and engage in evidence based tobacco cessation counseling.
Informatics	Government Oversight	Medication Safety	2009	(2-09)	The New York State Council of Health-system Pharmacists supports regulations and guidelines to ensure that vendors providing computerized physician order entry systems, drug infusion pumps, and other technologies utilized for medication order entry, distribution and administration, accommodate and comply with safe medication nationally accepted standards and practices.
Informatics	Medication Safety		2007	(2-07)	The New York State Council of Health-system Pharmacists supports the utilization of safe and efficient systems and processes for remote medication order entry services that meet all local, state and federal regulations, and comply with the Joint Commission's medication management standards and the American Society of Health-system Pharmacists' Guidelines on Outsourcing Pharmaceutical Services.
Informatics			2015	(4-15)	The New York State Council of Health-System Pharmacists supports that patient safety information listed within patient history information shall include the patient's fall risk status on all pharmacy patient profiles in both the inpatient and outpatient settings, for patients in New York State.
Intern	Clinical Pharmacy Scope		2017	(10-17)	The New York State Council of Health-system Pharmacists supports the development of a suggested structured pharmacy intern role within the healthcare system setting to optimize their concurrent training and unique skillset within the pharmacy team.

Investigational	Public Health		1986	(1-86)	Clinical Investigations. The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary reason for exclusion in clinical trials for drugs for use in the elderly and non-elderly populations and the New York State Council of Health-system Pharmacists supports a systematic surveillance mechanism in clinical investigations to monitor for informed consent and to prevent potential harm.
Medication Safety	Clinical Pharmacy Scope	Informatics	2003	(3-03)	NYSCHP Recommends that pharmacists seek assurance that entries into all Computerized Prescriber Order Entry systems require pharmacist verification prior to medication administration in inpatient settings, except in those instances when review would cause a medically unacceptable delay. The New York State Council of Health-system Pharmacists anticipates increased implementation of Computerized Prescriber Order Entry (CPOE) systems in NYS. Some of the desired goals for implementation of this technology are improved patient safety and decreased medication errors. Past experience shows checks and balances provided by pharmacists are vital to safe medication use and this professional judgment cannot be programmed into a computer.

Medication Safety	Clinical Pharmacy Scope		2014	(15-14)	The New York State Council of Health-system Pharmacists supports wider involvement of hospital pharmacists in medication reconciliation activities and patient counseling on all discharge prescriptions. Hospital pharmacists receive the most training in medication management, management of drug interactions, drug dosage forms, strengths and routes, and other drug therapy activities, and, medication errors, including those involving omissions, duplications, dosing errors, or drug interactions continue to endanger patients in the hospital setting, and, medication reconciliation continues to be a JCAHO recommended medication error prevention strategy, and, counseling patients on discharge prescriptions can provide education to minimize errors during out-patient prescription maintenance therapy. (3-08 was sunset at the 2014 house then re-introduced as new business at the 2014 house and approved)
Medication Safety	Government Oversight		2008	(1-08)	The New York State Council of Health-system Pharmacists strongly supports the development of programs encouraging safe, responsible and proper disposal of unused medications and reduce medication waste generated by all in order to minimize contamination of the environment and the diversion of controlled substances and furthermore the council promotes professional and public education and awareness of the issues.
Medication Safety	Government Oversight		2009	(11-09)	The New York State Council of Health-system Pharmacists supports that chemotherapy admixture, regardless of whether it occurs in a hospital, private physician office, or otherwise, be overseen by a licensed, registered pharmacist, that it is performed in a location separate from the patient care areas, that USP 797 guidelines are upheld, and that the pharmacist may determine the most reasonable process for ensuring the safe and effective compound of chemotherapy for the practice.

Medication Safety	Government Oversight		2011	(1-11)	The NYSCHP supports pharmaceutical waste disposal programs for hospitals and health systems that are in accordance with Federal and New York State regulations and also comply with national accreditation standards. The NYSCHP believes that all hospital and health system personnel require a solid knowledge of what constitutes pharmaceutical waste and proper disposal of this waste. Controlled substances should be managed in accordance with DEA and NYS regulations in conjunction with Federal and NYS hazardous waste regulations. The NYSCHP further supports development of a standardized training program for all hospital and health system personnel.
Medication Safety	Government Oversight		2012	(1-12)	The New York State Council of Health-System Pharmacists supports the requirement to include the indication, whether it be an FDA approved or off label use, on all inpatient medication orders and outpatient prescriptions.
Medication Safety	Government Oversight		2013	(1-13)	The New York State Council of Health-system petitions ASHP and the FDA to require that manufacturers adopt a standardized medication vial (not less than 5ml) and neck size (not less than 20mm) for all liquid and solids dosage forms of medications that are available in a vial in order to permit the expanded use of point-of-care activation devices.
Medication Safety	Government Oversight		2014	(14-14)	The New York State Council of Health-system Pharmacists recommends that pharmaceutical manufacturers provide all medications used in health-systems in unit dose package with readable scan code on each dose and that the Food and Drug Administration be urged to support this goal in the interest of public health and patient safety.

Medication Safety	Public Health		2000	(1-00)	<p>New York State Council of Health-system Pharmacists will promote the establishment of a standardized system of reporting medication errors. The New York State Council of Health-system Pharmacists will promote and provide technical assistance required to analyze and to gain knowledge obtained from the reports. The New York State Council of Health-system Pharmacists will promote voluntary reporting of medication errors which is non-punitive, stressing quality improvement and future prevention. The New York State Council of Health-system Pharmacists will promote protection of health care workers who report medication errors and stress that the public interest will be served if liability protection is granted to those who report. The New York State Council of Health-system Pharmacists will promote patient and institution confidentiality. The New York State Council of Health-system Pharmacists will form a committee responsible for disseminating information to the membership regarding bills presented before the US Senate and the US Congress. The New York State Council of Health-system Pharmacists will encourage mandatory reporting of medication errors. The New York State Council of Health-system Pharmacists has a strong commitment to the study and improvement of medication use process.</p>
Medication Safety			2000	(3-00)	<p>ASHP Guidelines for Preventing Medication Errors in Health-Systems. The role of the pharmacist is to ensure that patients make the best use of medication and to prevent, detect and resolve drug-related problems that can result in patient harm. Therefore, the New York State Council of Healthsystem Pharmacists supports and adopts ASHP's guidelines for preventing medication errors in health-systems.</p>

Medication Safety			2009	(14-09)	The New York State Council of Health-system Pharmacists supports ASHP's position on Pain management and - further supports the following: 1. The insurance of the safe use of opioids, with more focused monitoring for adverse drug events along with appropriately reporting of events to insure appropriate follow up and prevention of future events, 2. The monitoring of appropriate health care worker practices to ensure safety for all patients and caregivers, including monitoring for diversion and/or potential abuse, 3. Participation in education of families and the public on appropriate precautions and the importance of comfort care, 4. Ensuring the availability of appropriate pain therapy when needed – considering timeliness and patient need, 5. Cost effective management of pain for the patient and care givers, 6. Involvement in the management of unavoidable adverse events related to pain management, and 7. Simplifying the processes related to pain management, for example use of technology and algorithms, to the extent possible.
Medication Safety			2010	(8-10)	The New York State Council of Health-system pharmacists supports the use of 28 days for expiration/ beyond use dating (with the exception of vaccines), for commercial sterile multi-dose products, once entered by the puncture of a needle or other injection devise. Regarding vaccines, for multi-dose vials that do not require reconstitution, doses may be withdrawn and administered until the expiration on the vial, unless otherwise specified by the manufacturer.
Medication Safety			2012	(6-12)	The New York State Council of Health-System Pharmacist's advocates that all hospitals should encourage provisions be made for their patients upon discharge to receive a supply of all newly prescribed medications and the education that is required to ensure the optimization and safe use of their discharge medications.
Medication Safety			2012	(7-12)	NYSCHP advocates that patient specific information regarding pharmacogenomics if available and considered standard of care should be included in patient profiles.

Medication Safety			2015	(02-15)	<p>The New York State Council of Health-system Pharmacists strives to promote safety and well-being by heighten awareness of contributory factors to medication errors, encouraging multidisciplinary risk reduction-strategy dialog, as well as promoting strategies which foster safety and well-being. Understanding the unique nature of these medications and populations, NYSCHP will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence systems designs and decision support to address specific needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional organizations such as American Society of Health-System Pharmacists, health care regulatory entities, such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the Institute for Healthcare Improvement, whose missions' include promoting overall patient safety. NYSCHP will strive to positively influence laws and regulations independently, as well as in collaboration with other organizations and or regulatory authorities to promote safer medication practices as well as advocating for overall improvements in patient care.</p>
Medication Safety			2017	(11-17)	<p>The New York State Council of Health-system Pharmacists supports ASHP efforts in the development of standardized adult medication concentrations and to minimize the number of available concentrations in order to reduce medication errors. Furthermore, The New York State Council of Health-system Pharmacists supports manufacturer production of standardized concentrations as listed in the aforementioned ASHP reference.</p>
Pediatrics	Clinical Resources		2016	(03-16)	<p>The New York State Council of Health-system Pharmacists supports the development of a standardized pediatrics and neonatal intravenous medication concentration reference. Subsequently, the council supports manufacturer production of commercially available intravenous medication solutions with availability in the standardized concentrations.</p>

Pediatrics	Informatics		2017	(01-17)	The New York State Council of Health-system Pharmacists supports the recommendation to request of all EMR systems to provide age specific pediatric laboratory value and monitoring reference ranges.
Pharmacy Finance	Clinical Pharmacy Scope		2015	(10-15)	The New York State Council of Health-System Pharmacists supports the expansion of billing for CDTM services in New York State by instituting a payment structure guided by the level of cognitive services provided.
Pharmacy Finance	Government Oversight	Clinical Pharmacy Scope	2007	(8-07)	NYSCHP supports a New York State legislative act which requires health insurers to provide a mechanism of re-imbusement for pharmacotherapeutic consultative services.
Pharmacy Finance			2007	(10-07)	The New York State Council of Health-system Pharmacists supports passage into law the bills requiring that in order to do business with health plans in New York State, Pharmacy Benefit Managers (PBMs) be registered with the appropriate regulatory authority or authorities and comply with the requirements and regulations so determined.
Pharmacy Finance			2016	(05-16)	The New York State Council of Health-system Pharmacists opposes PBM exclusion of healthsystem pharmacy owned specialty pharmacies as a covered pharmacy under their preferred network for patients who are patients of the health-system.

Public Health	Clinical Pharmacy Scope		2005	(4-05)	New York State Council of Health-system Pharmacists Statement on the Role of the Healthsystem Pharmacist in Emergency Preparedness. The New York State Council of Health-system Pharmacists (NYSCHP) believes that health-system pharmacists must assertively exercise their leadership role and responsibilities in preparing for and responding to large-scale disasters. These include, but are not limited to industrial accidents, airplane or train crashes, explosions, fires, terrorist attacks with weapons of mass destruction, including biological and chemical agents and radiological, nuclear, and explosive devices. Further, health-system leaders must communicate the needs of state and local emergency planning leaders with health-system pharmacists and proactively involve them in establishing policies and procedures for responding to large scale emergency situations. Further, leaders of emergency planning at the state and local levels must call upon pharmacists to participate in the full range of issues related to pharmaceuticals used in large scale emergency situations.
Public Health	Government Oversight	Clinical Pharmacy Scope	2015	(11-15)	The New York State Council Of Health-System Pharmacists encourages the New York State Board of Pharmacy to create a provision within the rules and regulations applying to the practice of pharmacy to allow pharmacists to dispense a limited supply of medication to patients who are unable to obtain a prescription or access
Public Health	Government Oversight		2014	(2-14)	The New York State Council of Health-system Pharmacists supports the prohibition of the sale and/or distribution of tobacco or electronic cigarettes or any component thereof in any pharmacy or establishment that has a pharmacy department within.

Public Health	Government Oversight		2016	(04-16)	<p>The New York State Council of Health-system Pharmacists supports legislation and regulation to allow the food and drug administration (FDA) approval of biosimilar medications that are also determined by the FDA to be interchangeable and, therefore, may be substituted for the reference product without the intervention of the prescriber. The Council also encourages research on the safety, effectiveness, and interchangeability of biosimilar medication and encourages education of pharmacists about biosimilar medications and their appropriate use within hospitals and health systems.</p>
Public Health	Government Oversight		2017	(15-17)	<p>NYSCHP supports expanded access to oral contraceptives through a proposed intermediate category of drug products that would be available from all pharmacists and licensed health care professionals. The council also supports that the proposed reclassification of oral contraceptives shall be accompanied by coverage changes by third-party payers to ensure that patient access is not compromised and that pharmacists are reimbursed for the clinical services provided.</p>

					<p>The New York State Council of Health-system Pharmacists supports mandatory vaccines: Vaccines work best when most members of a community are vaccinated, therefore if more people who are vaccinated, the lower the possible risk of anyone's exposure to vaccine-preventable diseases. To protect and promote the health of the public, the NYSCHP supports mandatory vaccines approved by the Food and Drug Administration (FDA) for children and healthcare workers to protect against diseases when evidence based medicine indicates the risk of the disease outweighs the potential risk of the vaccine. The immunizations should be in accordance to the Center for Disease Control and Prevention (CDC) and supported by the Advisory Committee on immunization practices (ACIP). The goal of mandatory vaccines is to prevent and reduce the severity of diseases, focusing on prevention. NYSCHP also recognizes a mandatory vaccine exemption is needed for individuals with medical reasons and for personal beliefs as long as the safety of the public health is not at risk and in cases of national emergencies.</p>
Public Health	Immunization		2009	(13-09)	
Public Health	Immunization		2017	(03-17)	<p>The New York State Council of Health-system Pharmacists opposes the establishment of a philosophical exemption from school immunization requirements in New York state.</p>
Public Health	Informatics	Government Oversight	2016	(06-16)	<p>The New York State Council of Health-system Pharmacists supports the development and implementation of an online vaccination registry for adult patients to ensure that providers across the state have the most up-to-date vaccination information for their patients.</p>

Public Health	Medication Safety	Clinical Pharmacy Scope	2015	(14-15)	The New York State Council of Health-System Pharmacists will focus on enhancing professional knowledge, promoting contribution to the medical and quality improvement literature, as well as influence system designs and decision support to address specific needs. NYSCHP supports recommendations from federal, state, and local regulatory agencies, professional associations such as the American Society of Health System Pharmacists, health care regulatory agencies such as Joint Commission on the Accreditation of Healthcare Organizations, as well as professional patient advocacy organizations such as the institute for health improvement, who's missions' include promoting overall patient safety. NYSCHP will strive to positively influence laws and regulations independently, as well as in collaboration with other organizations and or regulatory authorities to promote safer medication practices as well as advocating for overall improvements in patient care.
Public Health	Pharmacy Finance	Reimbursement	2017	(12-17)	The New York State Council of Health-system Pharmacists supports the continued ability of covered entities to participate in the 340b program to allow covered entities "to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services," as indicated in the federal register 82.3 (2017).
Public Health			2005	(1-05)	Penalties for Drug Counterfeiters: The NYSCHP proposes: 1. An increased Pharmacist and public awareness of drug product counterfeiting; 2. That Pharmacists be encouraged to learn how to identify instances of counterfeiting; 3. That the patient and prescriber be notified of appropriate treatment and monitoring subsequent to identification of a counterfeiting incident; 4. That appropriate local and state regulatory bodies be notified when counterfeit drugs are encountered or suspected; 5. That Pharmacists should implement appropriate security measures in the procurement process to avoid counterfeit drugs; and 6. That drug counterfeiters should be subjected to the severest penalties and their enforcement.

					<p>NYSCHP supports the health-system Pharmacist's Right of Conscience and Patient's Right to Access to Therapy. The New York State Council of Health-system Pharmacists recognizes the right of pharmacists and there pharmacy employees to decline to participate in therapies due to moral, religious or ethical reasons; further, supports that pharmacists and other pharmacy employees have a responsibility to inform employers of situations where they would decline to participate in therapies due to moral, religious, or ethical reasons; further supports that employers, once notified of a pharmacist or pharmacy employee's intent to decline participation in therapies due to moral, religious, or ethical reasons, proactively establish systems that protect the patient's right to obtain legally prescribed and medically indicated treatments while reasonably accommodating, in a non-punitive manner, the right of conscience; further, advocates that a pharmacist or pharmacy employee exercising the right of conscience must respect and serve the legitimate health care needs and desires of the patient and just provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist's values, beliefs, or objections.</p>
Public Health			2006	(6-06)	
					<p>The New York State Council of Health-system Pharmacists supports amending the New York State Education Law to create and support a private organization to engage in advertisement, outreach, and counseling of pharmacists who are, or may be, suffering from addictive disease or other problems that may result in the impairment of the ability to safely and effectively practice the profession.</p>
Public Health			2007	(11-07)	
					<p>The New York State Council of Health-system Pharmacists supports the development of a campaign to educate pharmacists serving the community in various settings and employ the cooperation of said pharmacists in promoting the medication reconciliation process across the continuum of patient care.</p>
Public Health			2007	(12-07)	

Public Health			2017	(05-17)	The New York State Council of Health-system Pharmacists believes that all Americans should have the option to have health insurance and thereby supports access to affordable, equitable, and quality healthcare for all.
Public Health			2017	(08-17)	The New York State Council of Health-system Pharmacists opposes unreasonable drug price increases that make access to medications cost-prohibitive to patients and the healthcare system, and therefore, support the inclusion of medications as “essential consumer goods1” in New York state’s price gouging laws (general business law § 396-r).
Student Development			2017	(07-17)	The New York State Council of Health-system Pharmacists supports interprofessional education, mentorship, and professional development for pharmacy students, pharmacy technicians, and pharmacists.
Technicians	Education/Training		2014	(11-14)	The New York State Council of Health-system Pharmacists supports a standardized curriculum for the training of pharmacy technicians. Such curriculum must be accredited by ASHP or approved by the NYS Board of Pharmacy. Successful completion of such a curriculum should be a prerequisite for certification by examination as a pharmacy technician for all persons seeking such certification on or after January 1, 2020.
Technicians	Education/Training		2014	(12-14)	The New York State Council of Health-system Pharmacists supports continuing education for pharmacy technicians. Such continuing education requirements should, at a minimum, include 10 hours of education per year of registration with at least one hour of education each year relative to NYS pharmacy law and one hour of live education each year in the domain of medication safety. Continuing education for pharmacy technicians should be accredited by ACPE and monitored through the NABP system.
Technicians	Education/Training		2016	(01-16)	The New York State Council of Health-system Pharmacists supports the formation of affiliations between health-system pharmacies and ASHP/ACPE-accredited pharmacy technician training programs and/or programs seeking ASHP/ACPE-accreditation.

Technicians	Government Oversight		2016	(07-16)	The New York State Council of Health-system Pharmacists supports certified and registered pharmacy technicians, under the supervision of a registered pharmacist, to prepare patient-specific medications in New York State.
Technicians			2014	(9-14)	The New York State Council of Health-system Pharmacists supports the registration of pharmacy technicians. Those applying to work as a pharmacy technician in NYS shall meet the minimal educational requirements of a high school diploma or GED, be at least 18 years of age, and be free of felony convictions (unless reviewed and waived by the board of pharmacy). Applications for registration as a pharmacy technician should occur prior to employment, but must occur within three months of any employment in a NYS pharmacy practice setting, if not already registered.
Technicians			2014	(10-14)	The New York State Council of Health-system Pharmacists supports the certification of all pharmacy technicians. Certification shall include successful demonstration of all competencies by an examination satisfactory to the Board of Pharmacy. Any exemptions to this requirement should be determined by the NYS Board of Pharmacy on a case-by-case basis.
Technicians			2014	(13-14)	The New York State Council of Health-system Pharmacists recognizes the following with regard to grandfathering of pharmacy technicians: 1. The Council supports recognition of certified technicians (PTCB) who have not completed a standardized curriculum prior to 1/1/2020 2. The Council opposes any exemption or "grandfathering" of technicians who do not pass the PTCB examination or equivalent with the exemption of a registered pharmacy technician who submits to the Board of Pharmacy an application for exemption and provides evidence of a minimum of five years of employment within the last eight years as a pharmacy technician 3. The Council supports the use of alternative titles for unlicensed support personnel who are unable to pass the PTCB examination.